

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-03-2698.M5**

MDR Tracking Number: M5-03-0643-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.305 and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Therefore, in accordance with §133.308(q)(9), the Commission **Declines to Order** the respondent to refund the requestor for the paid IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The cervical traction units were found to not be medically necessary. The respondent raised no other reasons for denying reimbursement.

This Order is hereby issued this 29th day of January 2003.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb

**NOTICE OF INDEPENDENT REVIEW DECISION**

December 30, 2002

Rosalinda Lopez  
Program Administrator  
Medical Review Division  
Texas Workers Compensation Commission  
4000 South IH-35, MS 48  
Austin, TX 78704-7491

RE: MDR Tracking #: M5-03-0643-01  
IRO Certificate #: 4326

\_\_\_ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to \_\_\_ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care.

\_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

#### Clinical History

This 49 year old female sustained a work-related injury on \_\_\_\_. The patient's chief complaints were confined to her neck and right shoulder, which occurred while she was changing linen on a bed that was occupied at the time. Initially, the claimant was treated allopathically with medications and therapy and was eventually evaluated by the attending chiropractor. An MRI examination of the cervical spine indicated disc protrusions at C2-C3, C3-C4, and C5-C6. An MRI of the right shoulder revealed tendonopathy of the right shoulder in the supraspinatus tendon. Electrodiagnostic studies indicated a possible radiculopathy of the C6 nerve root. The treating chiropractor prescribed home traction that was utilized from 11/21/01 to 04/21/02.

#### Requested Service(s)

Rental of home traction utilized from 11/21/01 to 04/21/02.

#### Decision

It is determined that the rental of home traction utilized from 11/21/01 to 04/21/02 was not medically necessary to treat this patient's condition.

#### Rationale/Basis for Decision

A cervical traction unit is a widely utilized passive modality. It is principally utilized in cases where there are disc lesions or other entities that are causing neural compromise. The

cervical traction unit would help decompress the cervical spine and alleviate neck and radicular symptomatology. Typically, standards of care within the chiropractic profession suggest that a successful clinical trial be administered before the issuance of this device for home use or other protracted use is considered. It is not evident from the documentation that a successful clinical trial was utilized or attempted in order to determine the effectiveness and/or response to the treatment. Therefore, the rental of home traction utilized from 11/21/01 to 04/21/02 was not medically necessary.

Sincerely,